SUPPLEMENTAL QUESTIONNAIRE
INFORMATION TECHNOLOGY TECHNICIAN II

NAME: _____   Social Security Number _____

Submit this supplement questionnaire together with your application form. Based on your responses to this application supplement, your job-related training and experience will be evaluated using a pre-determined formula. Scores from this evaluation will determine the best-qualified applicants to proceed to the next phase of the oral examination, the next phase of the recruitment process.

The completed supplement, together with your application form, must be submitted to the Placer County Personnel Department by 5:00 p.m. on Friday, October 1, 2004. FAILURE TO RETURN THE COMPLETED SUPPLEMENT *AND* APPLICATION FORM WILL RESULT IN YOU BEING INELIGIBLE TO CONTINUE IN THIS RECRUITMENT PROCESS*.*

PART I:
INSTRUCTIONS: Mark an "X" in the box that corresponds with your experience in the *last two years*.

PERSONAL COMPUTER / CLIENT/ WORKSTATION					
	NONE	1 – 10 TIMES	11 – 25 TIMES	26 – 50 TIMES	OVER 50 TIMES
Setup/Testing/Configuration					
Installation					
Repairing					
Creating Reports					
Playing Games					
CD-ROM Installation					
Tape Backup Unit/Software Installation					
Ethernet					
NIC Installation/Troubleshooting					
TCP/IP					
Windows NT Workstation					
Windows 2000 Workstation					
Windows XP Workstation					

LOCAL AREA NETWORK PRINTERS

	NONE	LESS THAN 6 MONTHS EXPERIENCE	6 – 12 MONTHS EXPERIENCE	1 OR MORE YEARS EXPERIENCE
Installation				
Setup/Testing/Configuration				
Trouble Shooting				
Repairing				
Printing Reports				
Updating Print Drivers				
HP 4000 – 5000 Series (Networked Printer)				
HP Deskjet 900-2000 Series (Networked Printer)				

PERSONAL COMPUTER / LOCAL AREA NETWORK APPLICATIONS

	NONE	LESS THAN 6 MONTHS EXPERIENCE	6 – 12 MONTHS EXPERIENCE	1 OR MORE YEARS EXPERIENCE
Installation				
Configuration				
Trouble Shooting				
Testing				
Printing Reports				
Creating Reports				
Writing Technical Documentation				
Training Users on Software Use				

GENERAL SOFTWARE KNOWLEDGE				
	NONE	**LESS THAN 6 MONTHS EXPERIENCE**	**6 – 12 MONTHS EXPERIENCE**	**1 OR MORE YEARS EXPERIENCE**
CUBS Software				
Heartsoft				
Internet Explorer				
McAfee Antivirus				
Megabyte				
Microsoft Project				
Netscape				
Performance Accounting Series (PAS)				
Seagate Info Server				
Veterans Information Management System				
Visio				
World UPS				
ArcServe for NetWare				
ArcServe for NT				
CITRIX				
Ghost				
GroupWise				
HEAT Software				
HP JetAdmin				
NetWare – Client Software				
NetWare – Console One				
Netware – NWADMIN				
NetWare – Remote Management				

GENERAL SOFTWARE KNOWLEDGE (Cont.)				
	NONE	LESS THAN 6 MONTHS EXPERIENCE	6 – 12 MONTHS EXPERIENCE	1 OR MORE YEARS EXPERIENCE
Office 2000 – Access				
Office 2000 – Excel				
Office 2000 – Powerpoint				
Office 2000 – Word				
Office 97 – Access				
Office 97 – Excel				
Office 97 – Powerpoint				
Office 97- Word				
Oracle Client Software				

PART II:

INSTRUCTIONS: Mark an "X" in the box if you possess one of the following certificates. If yes, please attach a copy of the appropriate certificate(s).

CERTIFICATIONS		
	YES	NO
A + Certification		
NetWare Admin		
MCSE		

I certify that all the statements made in this application supplement are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any misrepresentation and/or falsification of my answers may result in my application being ineligible for this recruitment. My signature authorizes Placer County to make any appropriate investigations to verify information.

Signature of Applicant: _____   **Date:** _____